

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist				
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT JOHN T. LOOMIS, SHERIFF						
Street Address		C/O 5706 JONES LANE						
City	State	Zip Code						
ERIE	PA.	16505						
Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11-7	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		6/6/17	10/23/17					
A. Amount Brought Forward From Last Report		\$	6,394.34	2017 OCT 25 PM 4:23 ERIE COUNTY VOTER REGISTRATION TK				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	—					
C. Total Funds Available (Sum of Lines A and B)		\$	6,394.34					
D. Total Expenditures (From Schedule III)		\$	1,855.00					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	4,539.34					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	—					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	2,200.00					
Affidavit Section								
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.								
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
25 day of October 2017		COMMONWEALTH OF PENNSYLVANIA						
Signature		NOTARIAL SEAL						
Tonia Wilt		Tonia Wilt, Notary Public						
City of Erie, Erie County		City of Erie, Erie County						
My Commission Expires April 3, 2019		My Commission Expires April 3, 2019						
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES		MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES						
MO. DAY YR.		Area Code						
4-3-19		838 4621						
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.								
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.								
Sworn to and subscribed before me this								
25 day of October 2017		COMMONWEALTH OF PENNSYLVANIA						
Signature		NOTARIAL SEAL						
Tonia Wilt		Tonia Wilt, Notary Public						
City of Erie, Erie County		City of Erie, Erie County						
My Commission Expires April 3, 2019		My Commission Expires April 3, 2019						
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES		MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES						
MO. DAY YR.		Area Code						
4-3-19		451 6004						

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number										CTE JOHN T. LOOMIS, SHERIFF.									
										Amount									
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$		None					
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #		Street Address								Date [MM/DD/YYYY]		\$							
City								State		Zip Code		Date [MM/DD/YYYY]		\$					

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Election Identification Number: CTE JOHN T. LOOMIS, SHERIFF.											
Full Name of Contributor					Date [MM/DD/YYYY]		S			None	
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S
Full Name of Contributor					Date [MM/DD/YYYY]		S				
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S
Full Name of Contributor					Date [MM/DD/YYYY]		S				
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S
Full Name of Contributor					Date [MM/DD/YYYY]		S				
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S
Full Name of Contributor					Date [MM/DD/YYYY]		S				
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S
Full Name of Contributor					Date [MM/DD/YYYY]		S				
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S
Full Name of Contributor					Date [MM/DD/YYYY]		S				
House #					Date [MM/DD/YYYY]		S				
Street Address					Date [MM/DD/YYYY]		S				
City					State		Zip Code		Date [MM/DD/YYYY]		S

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number	CTE JOHN T. LOOMIS, SHERIFF
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Full Name of Contributing Committee		Date [MM/DD/YYYY]	S	None
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	S	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	S	
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	S	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	S	
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	S	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	S	
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	S	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	S	
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	S	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	S	
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	S	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	CTE JOHN T. LOOMIS, SHERIFF
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Full Name of Contributor				Date (MM/DD/YYYY)	\$	None
House #	Street Address		Date (MM/DD/YYYY)	\$		
City	State	Zip Code	Date (MM/DD/YYYY)	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address		Date (MM/DD/YYYY)	\$		
City	State	Zip Code	Date (MM/DD/YYYY)	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address		Date (MM/DD/YYYY)	\$		
City	State	Zip Code	Date (MM/DD/YYYY)	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address		Date (MM/DD/YYYY)	\$		
City	State	Zip Code	Date (MM/DD/YYYY)	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	CITE JOHN T. LOOMIS, SHERIFF
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Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	S	None		
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description											

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Chief Identification Number:	CTE JOHN T. LOOMIS, SHERIFF
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	CTE John T. LOOMIS, Sheriff
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Full Name of Contributor		Date [MM/DD/YYYY]	S	None	
House #	Street Address	Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution					
Full Name of Contributor		Date [MM/DD/YYYY]	S		
House #	Street Address	Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution					
Full Name of Contributor		Date [MM/DD/YYYY]	S		
House #	Street Address	Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution					
Full Name of Contributor		Date [MM/DD/YYYY]	S		
House #	Street Address	Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution					
Full Name of Contributor		Date [MM/DD/YYYY]	S		
House #	Street Address	Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution					

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

File Identification Number: CTE JOHN T. LOOMIS, SHERIFF

Full Name of Contributor			Date [MM/DD/YYYY]	S	None
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY]	S	
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY]	S	
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY]	S	
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: CTE JOHN T. LOONIS, SHERIFF.				
To Whom Paid: RICARDO'S / PATE WEST		Date: 6/6/2017	150 ⁰⁰	
House #	Street Address	Description of Expenditure: Self Program Ad		
City	State	Zip Code		
To Whom Paid: TSA 2017 Conference		Date: 6/6/2017	100 ⁰⁰	
House #	Street Address	Description of Expenditure: Admission Ticket		
City	State	Zip Code		
To Whom Paid: FRIENDS OF KATHY DAHLKEPPEL		Date: 6/10/2017	50 ⁰⁰	
House #	Street Address	Description of Expenditure: Campaign Event		
City	State	Zip Code		
To Whom Paid: CTE CARL ANDERSON		Date: 7/17/2017	40 ⁰⁰	
House # 3830	Street Address: PANADE BLVD.	Description of Expenditure: Campaign Event		
City: ERIC	State: PA	Zip Code: 16504		
To Whom Paid: CTE Joe Shember		Date: 7/25/17	150 ⁰⁰	
House #	Street Address	Description of Expenditure: Campaign Event		
City	State	Zip Code		
To Whom Paid: UNITED WAY ERIC CO.		Date: 7/25/17	30 ⁰⁰	
House #	Street Address	Description of Expenditure: Program Ad		
City	State	Zip Code		
To Whom Paid: McDOWELL MARCHING BAND		Date: 7/25/17	100 ⁰⁰	
House # 909	Street Address: EAST 35 th ST.	Description of Expenditure: Program Ad		
City: ERIC	State: PA	Zip Code: 16507		
To Whom Paid: MILLCREEK DEMOCRATIC PARTY		Date: 8/4/2017	50 ⁰⁰	
House #	Street Address	Description of Expenditure: Fund Raiser		
City	State	Zip Code		

670⁰⁰

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE _____ OF _____

Name of Filing Committee or Candidate CTE JOHN T. LOONIS, SHERIFF		Reporting Period From _____ To _____	
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To Whom Paid CTE LES FETTERMAN		MO. 9 DAY 13 YEAR 2017	Amount \$ 50⁰⁰
Mailing Address ERIC		Description of Expenditure CAMPAIGN EVENT	
City ERIC	State PA	Zip Code (Plus 4) 16509	

To Whom Paid CTE TIM BEVELIDGE		MO. 9 DAY 23 YEAR 2017	Amount \$ 50⁰⁰
Mailing Address 5958 Hillhaven Dr.		Description of Expenditure CAMPAIGN EVENT	
City ERIC	State PA	Zip Code (Plus 4) 16509	

To Whom Paid ANN DIVECCHIO		MO. 9 DAY 28 YEAR 2017	Amount \$ 60⁰⁰
Mailing Address 601 PIN OAK DRIVE		Description of Expenditure COLUMBUS DAY AD. IN PROGRAM	
City ERIC	State PA	Zip Code (Plus 4) 16504	

To Whom Paid ERIE COUNTY DEM. PARTY		MO. 10 DAY 11 YEAR 2017	Amount \$ 90⁰⁰
Mailing Address 1305 STATE STREET		Description of Expenditure FUND RAISING TICKETS	
City ERIC	State PA	Zip Code (Plus 4) 16501	

To Whom Paid CTE MARY JO CAMPBELL		MO. 10 DAY 11 YEAR 2017	Amount \$ 50⁰⁰
Mailing Address ERIC		Description of Expenditure CAMPAIGN EVENT	
City ERIC	State PA	Zip Code (Plus 4) 16505	

To Whom Paid CTE KEV GAMBLE		MO. 10 DAY 18 YEAR 2017	Amount \$ 100⁰⁰
Mailing Address 233 Shenley Drive		Description of Expenditure CAMPAIGN EVENT	
City ERIC	State PA	Zip Code (Plus 4) 16505	

To Whom Paid CTE CARL ANDERSON		MO. 10 DAY 21 YEAR 2017	Amount \$ 160⁰⁰
Mailing Address 541 EAST 6TH ST.		Description of Expenditure CAMPAIGN EVENT	
City ERIC, PA	State PA	Zip Code (Plus 4) 16505	

To Whom Paid HOLY TRINITY USHENS		MO. 10 DAY 21 YEAR 2017	Amount \$ 125⁰⁰
Mailing Address 2220 REED ST.		Description of Expenditure PAC ELECTION GET TOGETHER TICKETS	
City ERIC	State PA	Zip Code (Plus 4) 16503	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PAGE TOTAL \$ 685⁰⁰
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SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE _____ OF _____

Name of Filing Committee or Candidate CTE JOHN T. LOOMIS, SHERIFF	Reporting Period From _____ To _____
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To Whom Paid ERIE COUNTY SHERIFF'S POSSE	MO. 8	DAY 6	YEAR 2017	Amount \$ 100⁰⁰
Mailing Address		Description of Expenditure PROGRAM AD.		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid LOWER EAST SIDE CLUB	MO. 8	DAY 16	YEAR 2017	Amount \$ 50⁰⁰
Mailing Address 402 EAST 6TH ST.		Description of Expenditure TICKETS.		
City ERIE	State PA	Zip Code (Plus 4) 16503-		

To Whom Paid CTE KYLE FOUST.	MO. 8	DAY 10	YEAR 2017	Amount \$ 50⁰⁰
Mailing Address		Description of Expenditure CAMPAIGN EVENT TICKETS		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid CTE TOM CARNEY	MO. 8	DAY 13	YEAR 2017	Amount \$ 50⁰⁰
Mailing Address		Description of Expenditure CAMPAIGN EVENT		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid MILLCREEK DEM. PARTY	MO. 8	DAY 16	YEAR 2017	Amount \$ 50⁰⁰
Mailing Address		Description of Expenditure FUND RAISER.		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid CTE KEN GAMBLE	MO. 8	DAY 24	YEAR 2017	Amount \$ 50⁰⁰
Mailing Address 233 Shewley Drive.		Description of Expenditure CAMPAIGN GOVT TICKETS.		
City ERIE	State PA	Zip Code (Plus 4) 16505-		

To Whom Paid CTE KATHY FATILA.	MO. 8	DAY 25	YEAR 2017	Amount \$ 100⁰⁰
Mailing Address 4623 SOUTHERN DR.		Description of Expenditure CAMPAIGN EVENT		
City ERIE	State PA	Zip Code (Plus 4) 16506-		

To Whom Paid CENTRAL LABOR UNION	MO. 8	DAY 25	YEAR 2017	Amount \$ 50⁰⁰
Mailing Address		Description of Expenditure FUND RAISER		
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 500⁰⁰
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SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	CTE JOHN T. LOOMIS, SHERIFF.
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Name of Creditor	JOHN T. LOOMIS, CANDIDATE				Outstanding Balance of Debt
House #	1033	Street Address	West 3 RD ST.	DATE DEBT INCURRED (MM/DD/YYYY)	\$ 2,200 ⁰⁰
City	ERIC	State	PA.	Zip Code	16501
Description of Debt	INITIAL CAMPAIGN START-UP				

Name of Creditor					Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State		Zip Code	
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State		Zip Code	
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State		Zip Code	
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State		Zip Code	
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State		Zip Code	
Description of Debt					